



***New Jersey Office of the Attorney General***

Division of Consumer Affairs

Board of Pharmacy

124 Halsey Street, 6th Floor, P.O. Box 45013

Newark, New Jersey 07101

(973) 504-6450

## **Requirements for Registration**

**To be eligible to be registered as a pharmacy technician in the state of New Jersey an individual must:**

- 1) be at least 18 years of age;
- 2) possess a high school diploma or its equivalent \*\*
- 3) be proficient in written or spoken English
- 4) complete application and submit fees:
  - a) nonrefundable application fee of \$50 and
  - b) registration fee
    - for applications submitted September 1, 2009 thru May 31, 2010 the registration fee is \$35
    - for applications submitted June 1, 2010 thru August 31, 2011 the registration fee is \$70
- 5) undergo a criminal history background check

\*\* As provided in N.J.A.C. 13:39–6.6(d), all persons who were employed as a pharmacy technician as of September 4, 2007 will be exempt from the requirement to possess a high school diploma or its equivalent.

### **Criminal History Background Check**

- 1) N.J.S.A. 45:1-28 requires that all applicants undergo a criminal history background check as a condition for licensure.
- 2) The “Certification and Authorization Form for a Criminal History Background Check” is included as part of your application.
- 3) You must complete and submit this form as part of your application; upon submission of this form you will be forwarded information regarding the necessary steps to be taken for fingerprinting.
- 4) Criminal history reports generated for or by another agency or employer are **not** acceptable to satisfy this requirement.
- 5) Your license will not be issued until the complete results of the background check have been received and reviewed.
- 6) Reports of criminal history will require the applicant to submit additional documentation for review by the Board.



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## **Application Procedure**

**Please read the application, statutes, regulations and all instructions carefully. Statutes and regulations are available on the Board website at [www.njconsumeraffairs.gov/medical/pharmacy.htm](http://www.njconsumeraffairs.gov/medical/pharmacy.htm). It is your responsibility to be aware of registration requirements and provide all necessary documentation. (If you received the application other than directly from the Board or its official website, the application may be outdated or not an official version.)**

- 1) Print application from Board of Pharmacy website at [www.njconsumeraffairs.gov/medical/pharmacy.htm](http://www.njconsumeraffairs.gov/medical/pharmacy.htm)
- 2) Mail completed, notarized application with photograph attached to :  
Board of Pharmacy, 124 Halsey Street, 6th Floor, Newark, NJ 07102;
- 3) Submit fees as outlined below in the form of a check or money order made payable to the "State of New Jersey" along with your application;
  - a) nonrefundable application fee of \$50 and
  - b) registration fee
    - for applications submitted September 1, 2009 thru May 31, 2010 the registration fee is \$35
    - for applications submitted June 1, 2010 thru August 31, 2011 the registration fee is \$70
- 4) Submit legible copy of your birth certificate; if the name on your application differs from that on your birth certificate, you must provide documentation of a legal name change (marriage license, marriage certificate or court judgement)
- 5) Upon submission of the Certification and Authorization Form for a Criminal History Background Check ( part of application), further information will be sent to you to complete the background check
- 6) Review your application for accuracy and completeness prior to submitting to Board; incomplete applications will be returned and will delay your registration

Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photograph is required with each application.

Do not use staples to attach the photograph.



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# Application for Registration as a Pharmacy Technician

Date: \_\_\_\_\_

A nonrefundable application filing fee of \$50, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the registration process will be delayed until the fee is paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

**Please print clearly. You must answer all of the questions on this application.**

## Personal Information

Date of birth: \_\_\_\_\_  
Month Day Year

(You **must** include a copy of your birth certificate.)

Place of birth: \_\_\_\_\_  
City State Country

1. Name ☐ Mr. \_\_\_\_\_  
☐ Mrs. \_\_\_\_\_  
☐ Ms. \_\_\_\_\_  
Last name First name Middle initial Maiden name

### 2. Address

☐ Home: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

\_\_\_\_\_  
Telephone number (include area code)

\_\_\_\_\_  
E-mail address

☐ Business: \_\_\_\_\_  
Name of company Telephone number (include area code)

\_\_\_\_\_  
Street City State ZIP code County

☐ Mailing: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of registration.

\*Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7,60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. the Probation Division or any other agency responsible for child support enforcement, upon request; and
- c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen  
☐ Alien lawfully admitted for permanent residence in U.S.  
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual payment of the loan. You will not be able to attain registration unless you provide the required documents concerning the plan for payment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
  - (1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
  - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
- d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of registration. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of registration.

\_\_\_\_\_  
Applicant's name (please print)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

Last name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## 7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for registration will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

For the purposes of these questions, the following phrases or words have the following meanings:

**“Ability to practice as a pharmacy technician”** is to be construed to include all of the following:

- The cognitive capacity to exercise the reasonable judgments of a pharmacy technician and to learn and keep abreast of professional developments; and
- The ability to communicate those judgments and related information to consumers and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- The physical capability to perform the duties of a pharmacy technician, with or without the use of aids or devices, such as corrective lenses or hearing aids.

**“Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

**“Chemical substance”** is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

**“Currently”** does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous two years.

**“Illegal use of controlled dangerous substance”** means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program\*\*? ☐ Yes ☐ No ☐ Not applicable
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ☐ Yes ☐ No ☐ Not applicable
- Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No ☐ Not applicable
- Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? ☐ Yes ☐ No
- Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that “currently” is defined as “within the last two years.”) ☐ Yes ☐ No

If you answered “Yes” to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

\*\* If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether unrestricted registration should be permitted, whether conditions should be imposed or whether you are not eligible for registration.

Applicant’s signature

Date

Last name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

8. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No

9. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

If “Yes,” provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

10. Do you currently hold, or have you ever held, a professional license, certificate, permit or registration of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If “Yes,” for each license, certificate, permit or registration held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

	Last name	First name	Middle initial
Type of license, certificate, permit or registration	Number	State or jurisdiction that issued the license, certificate, permit or registration	Date issued/expired
Type of license, certificate, permit or registration	Number	State or jurisdiction that issued the license, certificate, permit or registration	Date issued/expired
Type of license, certificate, permit or registration	Number	State or jurisdiction that issued the license, certificate, permit or registration	Date issued/expired
Type of license, certificate, permit or registration	Number	State or jurisdiction that issued the license, certificate, permit or registration	Date issued/expired
Type of license, certificate, permit or registration	Number	State or jurisdiction that issued the license, certificate, permit or registration	Date issued/expired

11. Have you ever been disciplined or denied a professional license, certificate, permit or registration of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

12. Have you ever had a professional license, certificate, permit or registration of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

13. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

14. Have you ever been named as a defendant in any litigation related to any prior practice as a pharmacy technician, or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

15. Are you aware of any investigation pending against a professional license, certificate, permit or registration issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

16. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

17. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to any prior practice as a pharmacy technician, or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 11 through 17, is “Yes,” provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

18. Have you ever violated **any** law, federal or state, relating to the practice of pharmacy? ☐ Yes ☐ No

If “Yes,” please provide an explanation on separate sheets of paper and attach them to the application.

Last name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## Education

1. What is the name and address of the high school you attended? \_\_\_\_\_

Name of high school

\_\_\_\_\_  
Street address City State ZIP code

2. What years did you attend high school? \_\_\_\_\_

3. Did you graduate from high school? ☐ Yes ☐ No

If "Yes," what was the date of your graduation? \_\_\_\_\_

Month Year

If "No," did you study to receive a G.E.D. certificate? ☐ Yes ☐ No

If "Yes," please provide the name and address of the educational institution that issued your G.E.D. certificate and the date the certificate was issued.

\_\_\_\_\_  
Name of educational institution

\_\_\_\_\_  
Street address City State ZIP code

\_\_\_\_\_  
Date certificate was issued

4. If applicable, what is the name and address of the college or university you are currently attending?

\_\_\_\_\_  
Name of college or university

\_\_\_\_\_  
Street address City State ZIP code

\_\_\_\_\_  
Name of college or university

\_\_\_\_\_  
Street address City State ZIP code

5. List all of the degrees that you have received from recognized colleges or universities. Please have each college or university forward to the Board the official transcript for each degree that you have earned.

Educational institution	Inclusive years	Degree, Diploma or Certificate	Major	Date granted
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Additional Information

1. Are you currently employed as a pharmacy technician? ☐ Yes ☐ No

If "Yes," provide the name and address of the pharmacy and the dates of employment.

\_\_\_\_\_  
Name of pharmacy

\_\_\_\_\_  
Street address City State ZIP code

\_\_\_\_\_  
Dates of employment

2. I certify that I am proficient in written and spoken English, and I am aware that I am subject to disciplinary action by the Board should this certification be false.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Last name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

# AFFIDAVIT

**This affidavit is to be executed by the applicant before a notary public:**

State of: \_\_\_\_\_

} ss.

County of: \_\_\_\_\_

I, \_\_\_\_\_, in making this application to the Board of Pharmacy for registration under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the Board of Pharmacy, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny registration or to withhold renewal of or suspend or revoke a registration issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:14-1 et seq., together with the Rules and Regulations of the Board of Pharmacy, N.J.A.C. 13:39-1.1 et seq., and fully understand that in receiving registration from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for registration. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

\_\_\_\_\_  
Signature of applicant

Sworn and subscribed to before me this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public

**Affix Seal Here**

Last name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_



**Official Use Only**

☐ Dual License

License Type 1

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Applicant's Number

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License Type 2

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Applicant's Number

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## CERTIFICATION

I, \_\_\_\_\_, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

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Signature of applicant

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Date